National Guideline Clearinghouse Extent Adherence to Trustworthy Standards (NEATS) Instrument

The numbered domain items that follow reflect standards from the Institute of Medicine (IOM) report *Clinical Practice Guidelines We Can Trust.* The standard from the IOM report is the first box of each domain item, and it is the principle that underpins the actual rating criteria that appear in the box immediately underneath, which is highlighted light-green. For several domain items, the criteria to rate are based on the IOM principle but take either a broader or a more simplified approach. Although we value the IOM standards for their ambition, comprehensiveness, and attention to detail we judged that tailoring the rating criteria was necessary for practical implementation of the NEATS Instrument for evaluating many guidelines.

Response options are either Yes/No or points on a Likert scale of 1 to 5. For the scale, 1 reflects the least adherence to the criteria listed and 5 reflects the most adherence to the criteria listed.

> "*The National Guideline Clearinghouse acknowledges the developers of the AGREE II tool and its predecessors for providing the conceptual basis for guideline appraisal. The AGREE II tool served as a starting point for the development of the NEATS Instrument.*
>
> Note: The NEATS Instrument was developed and tested as a tool to be used by trained staff at AHRQ's National Guideline Clearinghouse to provide assessments focused on adherence to the Institute of Medicine standards. It does not replace comprehensive appraisals provided by other tools, such as AGREE II."

1. Disclosure of Guideline Funding Source

Reference IOM Standard *The processes by which a clinical practice guideline (CPG) is funded should be detailed explicitly and publicly accessible*		
Please rate this guideline on whether it meets this criterion:	**Yes**	**No**
The clinical practice guideline (CPG) discloses and states explicitly its funding source.	◯	◯

2. Disclosure and Management of Financial Conflicts of Interests (COIs)

Reference IOM Standard

- *Prior to selection of the guideline development group (GDG), individuals being considered for membership should declare all interests and activities potentially resulting in COI with development group activity, by written disclosure to those convening the GDG. Disclosure should reflect all current and planned commercial (including services from which a clinician derives a substantial proportion of income), non-commercial, intellectual, institutional, and patient–public activities pertinent to the potential scope of the CPG.*
- *Disclosure of COIs within GDG: All COI of each GDG member should be reported and discussed by the prospective development group prior to the onset of his or her work. Each panel member should explain how his or her COI could influence the CPG development process or specific recommendations.*

Please rate this guideline on the extent of adherence to this criterion:	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
<u>Financial conflicts of interests</u> of guideline development group (GDG) members have been disclosed and managed.	○	○	○	○	○

3a. Guideline Development Group (GDG) Composition: Multidisciplinary

Reference IOM Standard *The GDG should be multidisciplinary and balanced, comprising a variety of methodological experts, clinicians, and populations expected to be affected by the CPG.*			
Please rate this guideline on whether it meets this criterion:	**Yes**	**No**	**Unknown**
The guideline development group includes individuals from a variety of relevant clinical specialties and other professional groups.	◯	◯	◯

3b. Guideline Development Group (GDG) Composition: Methodologist

Reference IOM Standard *The GDG should be multidisciplinary and balanced, comprising a variety of methodological experts, clinicians, and populations expected to be affected by the CPG.*			
Please rate this guideline on whether it meets this criterion:	**Yes**	**No**	**Unknown**
The guideline development group states that it includes a methodological expert and identifies the methodologist.	◯	◯	◯

4. Patient and Public Perspectives

Reference IOM Standard *Patient and public involvement should be facilitated by including (at least at the time of clinical question formulation and draft CPG review) a current or former patient, and a patient advocate or patient/consumer organization representative in the GDG.*					
Please rate this guideline on the extent of adherence to this criterion: **The GDG sought the views, perspectives, and preferences of patients, patient surrogates (parents, caretakers), patient advocates, and/or the public intended to represent those who have experience with the disease, its treatments, or complications, or those who could be affected by the guideline.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	◯	◯	◯	◯	◯

5a. Use of a Systematic Review of Evidence – the Search Strategy

Reference IOM Standard *Clinical practice guideline developers should use systematic reviews that meet standards set by the Institute of Medicine's Committee on Standards for Systematic Reviews of Comparative Effectiveness Research.*					
Please rate this guideline on the extent of adherence to this criterion: **The CPG or a related companion document describes a search strategy that includes a listing of database(s) searched, a summary of search terms used, the specific time period covered by the literature search including the beginning date (month/year) and end date (month/year).**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	○	○	○	○	○

5b. Use of a Systematic Review of Evidence – the Study Selection

Reference IOM Standard *Clinical practice guideline developers should use systematic reviews that meet standards set by the Institute of Medicine's Committee on Standards for Systematic Reviews of Comparative Effectiveness Research.*					
Please rate this guideline on the extent of adherence to this criterion: **The CPG or a related companion document describes a study selection that includes the number of studies identified, the number of studies included, and a summary of inclusion and exclusion criteria.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	○	○	○	○	○

5c. Use of a Systematic Review of Evidence – the Synthesis of Evidence

Reference IOM Standard *Clinical practice guideline developers should use systematic reviews that meet standards set by the Institute of Medicine's Committee on Standards for Systematic Reviews of Comparative Effectiveness Research.*					
Please rate this guideline on the extent of adherence to this criterion: **The CPG or a related companion document provides a synthesis of evidence from the selected studies, i.e., an analysis of individual studies and the body of evidence, in the form of a detailed description or evidence tables, or both.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	○	○	○	○	○

6. Grading or Rating the Quality or Strength of Evidence

Reference IOM Standard *For each recommendation, the following should be provided:* • *A rating of the level of confidence in (certainty regarding) the evidence underpinning the recommendation.*					
Please rate this guideline on the extent of adherence to this criterion: **The CPG provides a grading or rating of the level of confidence in or certainty regarding the quality or strength of the evidence for each recommendation.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	○	○	○	○	○

7. Benefits and Harms of Recommendations

Reference IOM Standard *For each recommendation, the following should be provided:* • *An explanation of the reasoning underlying the recommendation, including a clear description of potential benefits and harms.*					
Please rate this guideline on the extent of adherence to this criterion: **The potential benefits and harms of recommended care are clearly described for the recommendations.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	◯	◯	◯	◯	◯

8. Evidence Summary Supporting Recommendations

Reference IOM Standard *For each recommendation, the following should be provided:* • *An explanation of the reasoning underlying the recommendation, including a summary of relevant available evidence (and evidentiary gaps), description of the quality (including applicability), quantity (including completeness), and consistency of the aggregate available evidence.*					
Please rate this guideline on the extent of adherence to this criterion: **A summary of the relevant supporting evidence is explicitly linked to recommendations.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	◯	◯	◯	◯	◯

9. Rating or Grading the Strength of Recommendations

Reference IOM Standard *For each recommendation, the following should be provided:* • *A rating of the strength of the recommendation in light of [benefits and harms, available evidence, and the confidence in the underlying evidence].*					
Please rate this guideline on the extent of adherence to this criterion: **The CPG gives a rating or grade of the strength of the recommendation for each recommendation that takes into account benefits and harms, available evidence, and the confidence in the underlying evidence.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	◯	◯	◯	◯	◯

10. Specific and Unambiguous Articulation of Recommendations

Reference IOM Standard *Recommendations should be articulated in a standardized form detailing precisely what the recommended action is and under what circumstances it should be performed.*					
Please rate this guideline on the extent of adherence to this criterion: **The recommendations are specific and unambiguous, stating what action should or should not be taken in what situations and for what population groups. Where the CPG recommendations are intentionally vague or underspecified, the CPG clearly describes the rationale behind those recommendations.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	◯	◯	◯	◯	◯

11. External Review

Reference IOM Standard *External reviewers should comprise a full spectrum of relevant stakeholders, including scientific and clinical experts, organizations (e.g., health care, specialty societies), agencies (e.g., federal government), patients, and representatives of the public.*					
Please rate this guideline on the extent of adherence to this criterion: **The guideline has been reviewed by relevant stakeholders, including scientific and clinical experts, organizations, agencies, and patients.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	◯	◯	◯	◯	◯

12. Updating

Reference IOM Standard *The CPG publication date, date of pertinent systematic evidence review, and proposed date for future CPG review should be documented in the CPG.*					
Please rate this guideline on the extent of adherence to this criterion: **The CPG describes a procedure to update the guideline.**	**Lowest Adherence 1**	**2**	**3**	**4**	**Highest Adherence 5**
	◯	◯	◯	◯	◯